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ABSTRACT

The facilitator's guide is for a four session (8 hours) inservice training module on serving young handicapped children in the least restrictive environment by regular and special education teachers. The guide includes an introductory lecturette providing a rationale for early integrated education of the handicapped and examples of successful programs and procedures. Training sessions are designed to be conducted on a small group (about eight persons) basis with active participation and problem solving by all group members and to provide participants with useable lists of goals and objectives for children. Sessions are outlined according to goals and process. Group activities include discussion of the lecturette, identification of child behaviors which correlate with success in normal classroom environments, identification of educational goals of normal preschool and kindergarten classrooms, and identification of activities to teach independence skills to children of different developmental levels. Suggestions for evaluation of the inservice sessions are given. (DB)

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A Topical Instructional Modules Series

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SERVING THE YOUNG, HANDICAPPED CHILD IN THE LEAST RESTRICTIVE ENVIRONMENT

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CONTEXT INTRODUCTION

Currently, in approximately half of the states in the United States, the provision of educational services to children under six years of age who display developmental problems is mandated by law. In addition, Public Law 94-142 mandates that if a state does not currently provide such services, they must develop a plan for how they will do so. School systems all over this nation will be confronted with providing services to a population of children who have generally not fallen within the rubric of public education.

These services will have to meet the guidelines established in Public Law 94-142. Particularly the requirements that services be provided in the least restrictive educational environment and that each child's program be guided by an Individualized Educational Plan will have a dramatic impact on the structure of programs developed for young, handicapped children.

The purpose of this inservice module is to provide rationales for early intervention and for integrating young, handicapped and nonhandicapped children. The activities in the module are designed for regular and special educators to participate in together. The ultimate goal of these activities is to increase the two groups' awareness and knowledge on how to successfully structure an educational program for both groups of children.

Introductory Lecturette

Since the early 1970s there has been a dramatic increase in the number and type of educational services provided to young, handicapped children and their families. Basically, this increase in service results from two major sources: the accumulated information in the area of research in early development and the mandates set forth in a variety of state and federal laws.

Hayden and McGuinness (1977) very systematically and comprehensively outlined the research basis for early intervention. The reader is referred to their chapter which appears in Sontag, Smith and Certo, Educational Programming for the Severely and Profoundly Handicapped. The major bases that they outline for early intervention can be summarized into five points.

First, early experience has a major impact on the development of behavior in all skill areas. While certainly the impact of maturation and existing physical disabilities cannot be denied, the quality of the environment, and the human interactions which children experience during their preschool years dramatically influences their success in later life. Second, research, both with animals and humans, has also documented that there may be critical periods for the learning of different developmental skills: critical periods in the sense that there are easier times for children to acquire certain skills. If during these very early, critical periods stimulation and appropriate interaction is not provided to the child, actual atrophy (physically as well as behavioral) may

occur in the nonstimulated area. Third, children do develop as a whole. Often what may be potentially a disability in only one area will end up being a disability across developmental areas if early intervention is not provided. In a sense, early intervention serves to remediate disabilities in a given developmental area and prevent the spread of those disabilities to other developmental areas. Fourth, early intervention programs themselves have been shown to be effective and in fact have been shown to be more effective than later intervention. This fact has led authors and parents to agree that intervening early is economically more cost efficient than waiting till the child reaches traditional school age. The fifth reason, and a very compelling reason for early intervention, comes from the knowledge that no parents have requested that the child they give birth to be labeled handicapped. For many years researchers have documented the dramatic impact of a parent being told their child is definitely handicapped. While many of the parent skills that are appropriate for normal children are also appropriate for handicapped children, parents of handicapped children often are not aware of this fact. In fact, they often assume that the ways that they have successfully taught and interacted with other normal children will not be appropriate for the handicapped child. Thus, early intervention becomes a necessity in order to foster normal parenting and interactive processes between the handicapped child and his/her family. Parents need instruction on how to work with their handicapped

child in the areas where he is not normal and they need encouragement and support to continue to provide normal parenting in the areas where the child is normal.

In summary, existing research findings on very early child development indicate that waiting until the child reaches traditional school age to provide educational services places that child and family in great jeopardy of showing more pervasive and severe developmental problems than is necessary for the child to show. In a sense, providing quality early intervention services to all handicapped children in this nation will enable us to determine the true extent of disability or delay which is caused by a variety of medical and environmental factors. Our current estimates of the potential intellectual performance of children who have medical syndromes associated with developmental disabilities is probably not a reflection of the abilities of these children, but rather is a reflection of the lack of intervention during the children's early years.

Hayden and McGuinness (1977) clearly emphasized the potential normality of the handicapped child. At least four of the reasons that they cite for early intervention relate directly to the similarity between the handicapped and the normal child. For example, they state:

> all systems of an organism are interrelated in a dynamic way; failure to remediate one handicap may multiply its effect in other developmental areas, and may produce other handicaps particularly social and emotional ones for they are secondary to the initial insult (p. 153).

This statement points to the fact that many preschool age

children who are identified as handicapped are showing delays or skill deficits in only a single developmental area. For example, a child may show delays in the acquisition of expressive language but show age appropriate motor, self-help and cognitive skills. Even in the areas of documented delays or deficits the child's performance is not widely discrepant from the performance of normal children. Thus, in a sense, during the preschool years the identified handicapped child will be closer to the norm than at any point in his/her life. In fact, identified, handicapped, preschool-age children can often serve as normal peer models in their areas of strength for other handicapped children and for normal children as well.

If one identifies the basic populations of children who could benefit from early intervention, it becomes apparent that many of these children, if they are served early, will continue to achieve close to normal if not normal development. There are several major populations of children who could benefit from special preschool services.

First, there are children who at birth or within the first six months of life are identified as having medical, genetic problems, or syndromes associated with developmental delays (Beck, 1976). Basically, with these children the prediction can be made that without specialized educational services there is a high probability they will be identified for special class placement during the school age years. For example, at birth any child born with Down's Syndrome is likely to be im-

mediately identified and the prediction for future mental retardation advanced. Yet at birth, these children are not mentally retarded and in fact often show responsiveness which is similar to that of normal children. While ample documentation exists that achieving normal development is unusual in this population, a short history in the field of early intervention exists of being able to maintain normal skills for these children in at least some developmental areas (Hanson, 1977). Thus, while in the past a child with Down's Syndrome would have been considered mentally retarded and thus not capable of serving as a normal peer model for other children, providing early intervention services to these children has resulted in the demonstration that these children may serve as part of a least restrictive preschool program.

In a similar vein, recent research data would indicate that children identified as having spina bifida show a wide variation in the development of cognitive skills. Diller, Swinyard and Epstein (1978) have presented data on the intellectual performance of children with spina bifida which indicates a range in functioning from below normal to very superior intelligence. In fact, in one study individuals with spina bifida who did not also have hydrocephalus showed a greater proportion of very superior intelligence (5.7%) than the normal population (2.2%). Thus, while a child with spina bifida may show motoric delays and deficits, they can potentially serve as normal peer models in the cognitive areas.

A last example is the child identified as profoundly hearing impaired at six months of age. Given appropriate

intervention this child may show delays in the use of a communication system but show normal or above normal skills in the areas of manipulating objects and play behavior. Thus, during communication activities in the classroom this child might be indicated as handicapped but during social activities identified as a normal peer model.

In summary, those children who have in the past shown the greatest need for specialized educational services can potentially be viewed as providing at least part of the least restrictive environment to other handicapped children. While traditionally these populations of children, when given the label handicapped, have been viewed as deficient in all areas, the most recent research data and experience in the field of early childhood/special education with children displaying identified medical syndromes would indicate that they much more closely approximate normal development than had been thought possible.

A second population of children who are often referred to early childhood/special education programs are those who, while not showing a well known medical syndrome, are showing a significant delay in at least one area of development. This may be children who are not walking at 18 months or not talking at 36 months or are showing aggressive behavior with peers at four years. Clearly with this population, the normal home/community environment has not resulted in normal development. Referral to special education is most appropriate in order to remediate the deficit area and prevent the develop-

ment of further delays in development. Similar to the first population of children, often these children will show normal or close to normal skills in several developmental areas. Thus, they can serve as part of the least restrictive definition for preschool services.

In a sense, when dealing with a preschool age population we are dealing with a prediction of long-term, handicapping problems. This does not mean, however, that the children will be showing severities of problems which prohibit them from developing normal behavior or interacting in normal environments. In fact, Public Law 94-142 demands that these children be given the opportunity to be educated in an environment that is as close to normal as possible.

The passage of Public Law 94-142 has had unique implications for services to handicapped children who are preschool age. Public Law 94-142 mandates that children identified as handicapped be served beginning at three years of age only if this requirement is consistent with existing state mandates and practice. Currently, approximately half of the states have passed legislation which mandates providing educational services to children under five years of age. The other half of the states do not require services until a child is five or six years of age. Thus, unlike the school age population, any and every preschool-age, handicapped child is not necessarily eligible for public school-based services.

The second unique implication of Public Law 94-142 in the preschool area relates to designing least restrictive environments. Since the public schools are not required to

provide educational services to normal children under five years of age, defining least restrictive is not simply a matter of saying that handicapped preschool-age children and normal preschool-age children should be educated together. In order to determine whether or not services being provided to a preschool-age handicapped child are least restrictive, a more complex definition is necessary. Particularly with this population of children, least restrictive must be considered within the context of the term "more appropriate." Given that a child has been identified as handicapped and the public school system provides preschool services and the parent/community choose the public school as the service base, then by definition the child will have to be removed from the "normal" environment or the normal environment changed in order to provide services. It is possible, however, to design services for preschool-age handicapped children that capitalize on interaction with children who have age appropriate skills. In a sense, one advantage to working with preschool age children who are handicapped is that more than any other group they approximate the norm in development and in fact will often show normal skills in at least some developmental areas.

Thus, from a legislative base in many places around the country public school systems are mandated to serve children who are identified as handicapped below six years of age. From a research base the provision of this service is amply reinforced as both effective and efficient. The question still remains regarding in which context educational services should be delivered. Partially the answer to this question

rests in the legislative mandates of Public Law 94-142, for this law specifies that services must be provided in the least restrictive educational environment. While a case can be made for having handicapped children serve as normal peers at least part of the time, by definition this means to the maximum extent possible handicapped children must be educated with their normal peers. Such a mandate did not grow out of a vacuum but rather grew out of substantial data based on the impact of providing services in environments where handicapped children are segregated from normal children versus environments where they are educated with their normal peers.

Bricker (1978) has provided a comprehensive, concise and logical chapter on the rationale for serving preschool age handicapped children in environments which include normal children. This chapter is contained in a book edited by Michael Guralnick. The book, Early Intervention and The Integration of Handicapped and Nonhandicapped Children, was published by University Park Press in 1978 and is an outstanding reference on both rationale, current practice and future directions of integrated service delivery for young, handicapped children.

In her chapter, Bricker (1978) outlines two arguments in addition to the legislative arguments for integration. These are social/ethical arguments and psychological/educational arguments. In the social/ethical area she outlines three main points. The first of these is that through inte-

grated programs for young, handicapped children the society's attitude towards deviance may be altered and its tolerance dramatically increased towards people who are different.

Research has amply documented that for the normal child to develop knowledge and tolerance toward the handicapped, direct interaction is most beneficial. Second, research has documented that for the handicapped child to develop a good self concept, interaction with normal children is helpful. Third, for parents of handicapped children to develop a positive and optimistic outlook on the future lives of their handicapped children, interaction with normal children is very beneficial. Lastly, parents of normal children who are involved in programs with handicapped children have been shown to increase their tolerance for handicapped members of our society. Thus, by integrating children at a very young age we can influence not only the understanding, tolerance, and self concept of the children but also beneficially influence the parents of the children as well.

A second major social/ethical argument revolves around the need of handicapped children for special services. Children who are identified as handicapped during the preschool years are definitely showing developmental patterns which indicate that without early intervention substantial delays will become evident during the school years. The fact that children who are born with physical and medical anomalies will require specialized educational services cannot be denied. However, taking as a given that these services require that

the child be segregated from their normal peers is not acceptable. Ample research and evidence exists on the negative effects of labeling individuals as intellectually, socially, or physically different. These negative effects occur in the child who is labeled different, the parents of the child who is labeled different, the siblings of a child who is labeled different, the peers who interact with such a a child, and in our society as a whole. If providing service to a young child who is showing a different pattern of development requires that the child be labeled and segregated, the negative effect of the label can potentially outweight the positive effect of intervention. Given the lack of predictability of IQ measures with children under three years of age, such a process of labeling and segregation becomes even more tenuous.

In addition, as Martin (1976) has pointed out, developmental patterns of children fall along a continuum. Labeling children handicapped versus nonhandicapped presupposes clarity of difference which in actuality does not exist and assumes that the learning problems of the handicapped child are totally unique and not relevant to children labeled normal. As Bricker (1978) has stated:

> Many young, handicapped children can function normally along many behavioral dimensions, and the placement into separate programs may have the unfortunate result of emphasizing atypical aspects of a child's behavior to the exclusion of his or her strengths (p. 10).

The third social/ethical argument for providing integrated services rests with an examination of the efficient and effective allocation of resources for both handicapped and

nonhandicapped children. With the increase in the number of single parent and dual parent working families, the demand for quality day-care and nursery school experiences for normal children has greatly increased. Since limited resources and funding exist to devote to this population of children and to handicapped children, ensuring that all children are served well is a must. One possible effective way to provide service to children who could be labeled at risk, although not developmentally handicapped, is to include them in the services delivery model for handicapped children. Similarly, including children labeled normal is also a potentially efficient solution.

A second major set of arguments in support of integrative programs comes from the psychological/educational area. Child developmental literature has indicated that in order for quality growth and development to occur the child must be exposed to increasingly complex environments. Integrative preschool environments have the possibility of creating more and more demands and insuring more and more complex behavior from the handicapped child. While the research literature indicates that simply placing handicapped and nonhandicapped children together does not guarantee interaction, structured interactions where the handicapped child acquires new behavior by observing and modeling the behavior of more competent children is possible. Such a learning process is the normal route by which children learn social, language, motor, and cognitive skills. If merely watching normal children inter-

act was socially sufficient, we could simply show handicapped children films of normal children displaying skills. The research base, however, indicates that such observation must be combined with active participation. Strickhart (1974) has demonstrated that children, when given the chance, will selectively model the behavior shown by more competent children in the classroom. This finding along with that of Appolloni, Cooke and Cooke (1977), that normal children do not model inappropriate behavior by handicapped children, leads one to conclude that there is no detriment to the normal child in interacting with a handicapped child. In fact, Bricker (1978), in summarizing the literature on normal children teaching handicapped children states the following:

> Effective teaching appears to be predicated on grasping a topic well enough for transmittal of information to others. In becoming a tutor for the less competent child, the more competent child's repertoires may be greatly enhanced (p. 21).

Goldman (1976) presented data which amplified this result. He examined the social activity of normal three and four year old children. The children were either placed in groups which were mixed age or in groups with their same age peers. He found that the preschoolers in the mixed age condition displayed more mature social activities than either group with their same age peers. Grazino, French, Brownell, and Hartup (1976), in a problem solving task situation, found the performance equal for mixed age and same age groups. Guralnick (1978), in summarizing the literature in integrated preschool programs stated:

> As measured by standardized tests and later school success nonhandicapped children benefit from integrated programs to at least the same degree (and usually better) as would be expected if they had attended nonintegrated preschools (p. 158).

Lastly, Strain, Cooke, and Appolloni (1976), in a review on integrated preschool programs, found no instances of negative effects on normal children from being served in classrooms which included handicapped children. Thus, at least from a psychological and educational perspective we know that nonhandicapped children are not harmed by being in environments with handicapped children and that handicapped children, if the environment is structured appropriately, can be greatly helped by being involved in such an experience.

Thus, the question becomes what are the dimensions that must be carefully analyzed? What are the variables that must be influenced in preschool classrooms in order for both handicapped and normal children to receive the greatest possible educational experience? Nordquist (1978) has summarized three major dimensions for analysis and intervention. (Similarly, in the Guralnick book at least six different successful integrated preschool programs are described and summarized. All of these programs started with the premise that simply placing handicapped and nonhandicapped together will not miraculously result in a high quality program for either group). The major dimensions that influence program success are related to teacher behavior: use of peers as teachers and models and use of materials and physical space of the classroom. The most powerful technique that Nordquist (1978) identified to ensure that all children learn to dis-

play appropriate social behavior is use of teacher attention. In summarizing his own research and the research of others, he points to teacher attention and to the appropriate behavior of peers as a way of controlling agressive behavior as well as withdrawn behavior. He also points to the necessity of using materials and toys during structured or free play situations which facilitate cooperative versus isolative activities. Similarly the design of space in the classroom will dramatically influence the interaction among and between handicapped and nonhandicapped children. Lastly, the structuring of groups and peer tutoring will dramatically impact on the degree of interaction that occurs between the handicapped and nonhandicapped child. He cites some evidence to indicate that peer teaching may result in better generalization and maintenance of learned skills than instruction by the adult teacher. This combined with Guralnick's conclusion that cross competence or age level tutoring is beneficial to both participants reinforces the notion that quality preschool programs will enhance the opportunity for children to teach and to learn from each other. The reader is referred to chapters in the Guralnick (1978) book for summaries of successful, integrated preschool programs.

SUMMARY

When designing a least restrictive/most appropriate educational program for the preschool-age handicapped child, the administrator and teacher must ensure not only that nor-

mal children are included in the environment, but also that handicapped children be allowed to maximally display and use their normal skills. This implies that the services developed will include a range of children and disabilities within the same setting. Ideally, several of these children would display normal skills in all developmental areas. Even without this, however, it is possible for special preschool programs to meet the intent of the least restrictive environment. However, if normal children are not included, parents and community agency personnel need to be more carefully involved in the overall service plan. Particularly there is a need to involve teachers from regular day-care centers, nursery schools and kindergarten classrooms. Given that most preschool special education programs operate on a half day basis, the handicapped preschool age child could spend the other half day in an environment where the majority of children are normal and the services provided are designed around the child's normal needs. Particularly in this sense the discrepancy between the handicapped and normal preschool age child can be minimal. Often the educational and stimulation needs of the two populations are exactly the same. Normal children need to learn to express their needs, wants and feelings to other children and adults. Handicapped children have the same need. Normal children need to learn independence in basic self-care skills such as feeding, toileting and dressing. Handicapped children also need to learn these skills. Normal children need to learn to play cooperatively and constructively with their peers. Handicapped children

need to learn these same skills. Normal children need to learn to solve simple problems that they encounter in the environment such as cleaning up after they have spilled and handicapped children need to learn these skills as well. The two populations of children do not differ generally on what they need to learn during the preschool years. They do, however, differ on the types and intensities of teaching necessary for them to acquire these skills. It is this difference that serves as the basis for providing specialized educational services during the preschool years. It is this difference that leads to the definition of most appropriate educational environment. It is the handicapped child's inability to learn efficiently from the environment and stimulation generally given a preschool child that justifies the development of services geared primarily to the handicapped. This difference, however, does not justify the exclusion of preschool handicapped children from generally available community preschool services. Rather, the difference implies that the areas where special services are necessary will be provided by an educational system that maximizes the normality of the handicapped child and recognizes the fact that handicapped children are more similar to normal children than they than they are different.

The provision of service to young, handicapped children is nationally becoming not a luxury but a recognized necessity and a given. The choice that we face as a culture is whether such service will result in young children being segregated from the mainstream of experience during their

preschool years. Certainly the limited data base which we have generated in the 1970s should lead us to develop preschool service-delivery models in which handicapped, at risk, and normal children are educated together. Such services must include a careful evaluation, a careful analysis of the skill acquisition of all children involved. Simply to document that the handicapped child acquires greater skills in an integrated environment is not sufficient. We must continue to document the ways in which integrated service delivery is beneficial to the normal peer, to his family, and to our culture as a whole. Thus far such beneficial results have been documented for a wide variety of handicapped and normal children and their families. However, the long term data on the effect of integrated preschool programs are still out.

Until such a time as these data have greatly indicated that no harm comes to the normal child, we must proceed with caution in developing mainstreamed programs on the preschool level. Part of this caution must be the recognition that simply placing children with a wide variety of competencies and a wide variety of needs in an environment together with no plans as to how to constructively structure interaction will not result in a benefit to either group of children. Thus, we know on an initial level that integration can be a success but we also know that teachers, parents, and administrators must be willing to commit the time, resources and energy required to ensure that the services provided in this context take into account the learning needs and styles of all the children involved.

TRAINING DESIGN

The general design of the inservice training is for four, two hour sessions. These sessions are to be attended by normal preschooland kindergarten teachers and special education preschool and kindergarten teachers. Ideally, there would be an equal number of regular and special educators. The sessions are designed to be conducted on a small group basis with active participation and problem solving by all group members. Ideally, there would be no more than eight persons per group. Each group should be led by a facilitator who sees his/her goal as having the group leave each training session with useable lists of goals and objectives for children. It would be helpful if this person had experience in leading adult groups and it would be extremely important for the facilitator to have had previous experience with both young, normal, and handicapped children.

Session One - Introductory Lecturette

A. Goals

1. To provide information on the rationale for integrating handicapped and nonhandicapped preschool-age children.
2. To provide information on successful programs and procedures for integrating handicapped and normal preschool kids.
3. To provide information on the educational needs of handicapped and normal preschool-age children.

4. To provide information on teaching strategies and materials which are applicable to both handicapped and nonhandicapped preschool-age children.

B. Process

The training facilitator can present the information in the content in the introductory lecturette as a formal lecture or pass out copies of the lecturette for assigned reading purposes or do a combination of the above. If the lecture format is chosen, the facilitator will need to pass out written copies of the lecturette following his/her presentation. If the reading is assigned ahead of time, the facilitator will need to outline the following questions and draw from the group their understanding of the material.

Questions:

1. What legal and legislative basis exists for integrating handicapped and nonhandicapped preschool children?
2. What are the social and ethical premises upon which integration is based?
3. What types of models have been successfully employed to integrate young handicapped children?
4. What specific teaching techniques have been most useful in integrated programs?
5. What commonalities exist in the educational needs of handicapped and normal children?

All of this information was contained in the introductory

lecturette. It may be helpful if the training facilitator is not experienced in conducting integrated preschool programs to learn the answers to the above questions for him/herself. In areas where s/he does not feel s/he can adequately answer the questions, s/he should refer back to the references cited in that section of the lecturette.

It is imperative that the group members fully learn the information contained in the lecturette because the training sessions that follow all build upon the attitude that is engendered by this type of information. As such, the training facilitator needs to ensure that group members leave with an awareness that handicapped children are more like normal children than they are different and that in many places around the country, integrating this aged child is not a question. It is a given.

Session Two

A. Goal

To increase the awareness and knowledge of the participant teachers as to what child behavior correlates most highly with success in normal classroom environments.

B. Process

This session is designed in rounds to last for two hours. During the first half hour the focus is to use the participant teachers' past experience to help them identify child behavior which is most difficult to deal with in the regular classroom. The training facilitator should ask each

teacher to pick a child from his last year classroom whom he thinks did very well and another child s/he feels was difficult to handle. Then going around the group the facilitator should ask the teachers to list how each of these children behaved. The focus of this listing should be on adjectives that describe child behavior across activities and times in the day. Some adjectives which the trainer may wish to help the group use to describe the child who did well are: helpful, compliant, cooperative, independent, hard working; for the child who did poorly: disruptive, dependent, destructive, withdrawn, uncooperative, stubborn. Once each group member has had a chance to contribute several adjective descriptors in behavioral terms, the trainer then helps the participants analyze these descriptors away from the individual in terms of its demand on teacher time. That is to say problem behaviors in a classroom are most often those child attributes that require the teacher to spend individual time with the child managing the behaviors. Similarly, what is often a positive child attribute is that behavior which allows the child to function on his own in the classroom environment.

Both the regular and the special educators should participate in this activity. The trainer should take opportunities to point out to the regular educator the similarities between the problem behaviors s/he and the special educator encounter. Similarly, what is often a positive child attribute is that behavior which allows the child to function on his own in the classroom environment.

Both the regular and the special educators should participate in this activity. The trainer should take opportunities to point out to the regular educator the similarities between the problem behaviors s/he and the special educator encounter. Similarly and perhaps more strongly, the training should take opportunities to point out to the special educators that regular educators also deal with problem behaviors in the classroom. The end result of this activity should be a listing of child behavior that is difficult for all teachers to deal with and an acknowledgment that both normal and handicapped children engage in these behaviors. The question the group should then confront is in which ways are normal and handicapped children different and on which dimensions should the programs for the two groups differ.

Session Three

A. Goals

To increase awareness and knowledge of both regular and special educators of the goals of normal preschool and kindergarten classrooms; of the skills children needed to succeed in these classrooms; and of the general design and structure of these classrooms.

B. Process

The session is designed to last for two hours. The role of the trainer is to focus the group towards general classroom functioning rather than individual developmental skills. It is suggested that the trainer begin the activity by having the regular educators list the developmental skills

that they work on in the areas of fine motor, gross motor, social self help, cognition and language. This activity should take no more than one half hour. It may be helpful for the trainer to have the group compile the list before they come to the session. Typical skills they will be listing here are: knows five primary colors, letters of the alphabet, letter counts to 20, pops 10 feet, cuts with scissors, pastes accurately, prints name.

The next hour and a half should be devoted to discussing their lists of goals or skills which children must acquire in order to participate in instruction in these and future academic learning areas. Relevant questions that the trainer can use to direct the group are: how long should a child be able to work on his own without adult direction and supervision?; how often should a child need to receive adult feedback on the correctness of his performance?; what should a child do if he needs help with a task or activity?; how often should a child need to be reminded of what activity comes next in the day?; how much assistance should a child need in getting ready to go out to recess or go home after school?; how much supervision should a child need during structured play periods with his peers? The out growth of this discussion and questioning should be a list of anywhere from five to 10 skills that are necessary for a child to display across people, tasks, settings, and materials in order to be perceived as functioning well in the classroom. A listing which was based on interviews with 30 kindergarten teachers follows.

1. Child selects a task and works on it without direct adult supervision for 15 minutes.
2. Child completes an activity, goes to the next appropriate area of the classroom without an adult reminder or reinforcer 80% of the time.
3. Child arrives at school, removes clothing and belongings and places them appropriately in his locker in five minutes.
4. Child sits through large group activity without disrupting other children for 15 minutes.
5. Child waits his turn during the cooperative play activity when three children are ahead of him without an adult reminder.
6. When not sure how to complete a task, child will first ask a peer for help and then if needed, ask the teacher.

Depending on whether the teachers are from preschool or kindergarten programs, the above list may need to be expanded or modified. The trainer should remember that the goal of this activity is to direct the group towards the child's skills that enable him to receive instruction in a large group classroom rather than towards the specific skills that he will be instructed in.

During the above activity it is expected that the major input will come from the regular educators in the group. While it might seem that the special educators could be removed from this discussion, it is this author's experience that

often special educators are totally unaware of the details of the regular educational environment. Thus, simply listening during this discussion is often extremely useful in raising the knowledge level of the special educator as to what skills their children need to display in kindergarten. The last hour of this session should be devoted to an analysis of how special education classrooms and teaching procedures differ from those of regular education. Such pragmatic constraints as adult-child ratio, types of materials and room size will need to be addressed. Relevant diminsions for the trainer to have the group focus on are:

1. What type of cues does the regular educator use to get children to perform? For example: many kindergarten teachers will use playing a chord on a piano to signal time to change an activity. What does the special educator use to signal these events?
2. Second dimension is what types of correction procedures does the regular educator use versus the special educator? For example: the special educator will often physically prompt a child to correct his response. The regular educator will often say to the child "that is not quite right. Can you do it again?"
3. Third dimension to consider is the type, intensity and amount of reinforcement the special educator will give a child individually as feedback for having gotten things right. For example: "Johnny, I like the

way you put the puzzle together." The regular educator will often give a general reinforcement to a group of children. For example: "It looks like everyone finished their art activity. That is good."

4. Fourth dimension to consider is use of peers. The special educator will often set up a cooperative play activity and monitor children taking turns. The regular educator will often instruct children to monitor each other taking turns.

Approximately the last 15 minutes to half hour of this session should be devoted to summarizing the common goals the group set for all children even though there are differences which exist historically in the ways the two environments have been designed to work towards those goals. The conclusion the trainer should help the group reach is basically a pragmatic one: that in all likelihood a change will be necessary in the ways that special educators structure their classroom environments. Due to the large group size of the regular classroom environments, it is not feasible for the regular classroom teacher to train one child in a totally different manner than the rest of the class. Thus, if successful integration is to occur, the special educators must teach their children to function under the cues and reinforcements and correction procedures generally given in the regular classroom.

Session Four

A. Goals

To increase knowledge of how to teach independence skills, to increase knowledge of how to adapt activities for children of different developmental levels, to increase knowledge of how to program for handicapped and normal children in the same classroom.

B. Process

The trainer should begin the fourth session by reviewing the critical independence skills that were generated in the last session. S/he should focus her/his comments towards program commonalities in regular and special education, i.e., special and regular education programs generally are geared to prepare children to function in future more complex educational environments. The structure of this activity is to pair a regular and special educator. Each pair should pick or be assigned an activity area. For example: art or academic programming. The pairs should then be given 20 minutes to generate an age-appropriate skill in that area that they believe both handicapped and normal children should learn. In addition, they should come up with three simple activities that both handicapped and normal children could be involved in.

For the next 20 minutes the pairs will come back into the larger group to present their material to each other. The trainer's role during this exercise will be to generate adaptations in the materials, structure, directions, or as-

sistance that will ensure that both children can fully participate. The trainer needs to remember that the goal is not necessarily that the children do exactly the same thing but rather that within a general activity base they work on the same skill. For example: one child may be doing a bead-stringing activity that includes following a pattern of colors and shapes established by the teacher. The second child may have the same types of beads, same type of string and merely be stringing the beads in any order.

This session should conclude with approximately a 20 minute discussion of how the educators, both regular and special, evaluate their success with the children in their classrooms. The focus should be on sharing strategies and ideas for how to ensure that each child in the classroom is learning, growing and functioning securely and adaptively. Evaluation of program success should not be undertaken only for handicapped children. Rather, the trainer needs to set the attitude that education for all children must be accountable and that data collection procedures need to be developed which can be carried out considering both the demands of the classroom and the degree of specificity or lack of it needed to monitor change and success.

Evaluation of the Inservice Sessions

Several different strategies can be used to evaluate whether the previous set of activities have a significant impact on either regular or special educators:

1. Before conducting the inservice, attitudinal questionnaires can be administered to both groups related to their willingness to integrate handicapped children. These questionnaires can also be administered immediately following the inservice and on a six-month base later.
2. After each session, questionnaires as to the appropriateness and effectiveness of the content covered can be administered to the teachers.
3. At the end of the inservice, a questionnaire which measures future desires for continuing inservice in the area can be administered.
4. At the beginning of the first inservice, a questionnaire on the amount of integration presently taking place could be administered. This questionnaire could be reviewed at the end of the inservice and also three to six months later.
5. Teachers could be requested to keep a log, starting from the beginning of the inservice and continuing until it ends, on the amount of time spent in child planning on integration activities.

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